

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
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49						
50					1	

TOTAL IND.

21

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TOTAL DEP.

21

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TOTAL CLAIMS

22

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TOTAL IND.

21

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TOTAL DEP.

21

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TOTAL CLAIMS

22

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